



## HYDRAULIC OVERPRESSURE TEST

**To be submitted when valve is changed or seal is broken.**

Building Name \_\_\_\_\_ Conveyance # \_\_\_\_\_

Address \_\_\_\_\_

1. Diameter of Piston \_\_\_\_\_ inches  
Capacity \_\_\_\_\_ lbs.
2. Empty car pressure UP direction \_\_\_\_\_ lbs.  
Full load pressure UP direction \_\_\_\_\_ lbs.
3. Overpressure set at \_\_\_\_\_ lbs.
4. Does check valve hold care with rated load? ☐ Yes ☐ No
5. Has valve been sealed? ☐ Yes ☐ No
6. Has gauge adapter been installed? ☐ Yes ☐ No

7. **Results of test must be posted in or on the controller.**

Comments:

Name of firm making test \_\_\_\_\_

Person in charge of test \_\_\_\_\_

License # (after 3/01/04) \_\_\_\_\_

Date of test \_\_\_\_\_

**A copy of this test must be sent to the above address.**